

MEDICAL RECORD**Rehabilitation Medicine Department
Encounter Note**

Date: _____

Time: _____

Service:

- ☐ Psychiatry
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Language Pathology
- ☐ Vocational Rehabilitation

- ☐ Recreation Therapy
- ☐ Music Therapy
- ☐ Art Therapy
- ☐ Massage
- ☐ Other: _____

Activity:

- ☐ Patient seen for therapeutic intervention as per treatment plan
- ☐ Patient seen for assessment/reassessment
- ☐ Patient seen for education
- ☐ Patient declined treatment
- ☐ Patient cancelled appointment
- ☐ Family/Caregiver – Education/Training/Support
- ☐ Telephone contact w/ patient/family
- ☐ Other: _____

Additional comments: _____

Assessment of Encounter:

- ☐ Patient status improved
- ☐ Patient status declined
- ☐ Patient status stable
- ☐ Other: _____

Additional comments: _____

Disposition/Plan:

- ☐ Follow up treatment scheduled for _____
- ☐ Patient discharged from treatment _____
- ☐ Referral to additional service _____
- ☐ Patient met all goals and discharged _____
- ☐ Follow up with other professional _____
- ☐ Please see MIS for follow-up note _____

Comments: _____

Clinician Name and Degree (printed)_____
Clinician Signature_____
Date

Patient Identification

Rehabilitation Medicine Department Encounter Note
NIH-2837 (3-04)
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File in Section 2: Progress Notes